

<b>Case Number:</b>	CM14-0037221		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 47 year old female with date of injury 4/11/07 with related low and mid back pain. According to the 5/1/14 progress report she described pain in the lower back extending down the right leg with numbness extending into the foot. She stated there was an extension of her numbness and pain to her legs and arms, right greater than left. MRI of the lumbar spine dated 6/15/13 revealed "at L5-S1 disc desiccation, severe loss of disc height dorsally and fatty changes along the right aspect of the disc space. There is a 3mm retrolisthesis of L5 on S1 secondary to the degenerative disc disease. An 8mm broad based posterior protrusion with central, right and left paracentral and right foraminal components is present with annular tearing. The protrusion abuts both central S1 nerve roots in the lateral recesses. The protrusion also contacts the exiting L3 nerve root and the right neural foramen, which is moderately narrowed. There is no left neural foraminal narrowing. The ligamentum flavum is thickened and measures 6mm in thickness on both sides. There is moderate hypertrophy of the facet joints and a small left facet joint effusion. The L4-L5 reveals a 2mm left lateral protrusion with associated annular fissuring which does not contact the exiting left L4 nerve root. There are small bilateral facet joint effusions." She has been treated with injections, physical therapy, and medication management. The date of UR decision was 3/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-93.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and are present in the form of UDS. Per Urine Drug Screen (UDS) dated 2/20/14 Gabapentin was detected and not reported as prescribed, Hydrocodone was not detected and was reported as prescribed. Per 5/1/14 UDS, hydromorphone was detected but was not prescribed. Furthermore, there is no documentation comprehensively addressing this concern in the records available for my review. Therefore, the request for Tramadol 50 mg is not medically necessary and appropriate.

**Hydrocodone/APAP 5-500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 91.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids, state that, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-

going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and are present in the form of UDS. Per UDS dated 2/20/14 gabapentin was detected and not reported as prescribed, hydrocodone was not detected and was reported as prescribed. Per 5/1/14 UDS, hydromorphone was detected but was not prescribed. Furthermore, there is no documentation comprehensively addressing this concern in the records available for my review. Therefore, the request for Hyrdorcodone/APA 5-500 mg is not medically necessary and appropriate.